Congress of the United States

Washington, DC 20515

December 18, 2023

Carole Johnson
Administrator
U.S. Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Administrator Johnson:

We write to ask that you direct the Bureau of Primary Health Care (BPHC) to address the New Access Point (NAP) application's scoring methodology and provide greater preference to Federally Qualified Health Center (FQHC) Look-Alikes as funds are distributed through the NAP application. We have concerns that the NAP's use of the Unmet Need Score (UNS) unfairly disadvantages FQHC Look-Alikes that seek to become FQHCs under Section 330 of the Public Health Service Act (PHSA).

As you are aware, FQHC Look-Alikes are community-based health care providers that provide comprehensive, wrap-around primary, and behavioral health care services to medically underserved populations, regardless of their ability to pay. There are currently 136 FQHC Look-Alikes across the U.S. that serve over 1 million patients. While FQHC Look-Alikes meet the requirements of HRSA's Health Center Program, they do not receive Health Center Program funding under Section 330 of the PHSA. FQHC Look-Alikes are also disqualified from receiving malpractice insurance coverage under the Federal Tort Claims Act and are unable to compete for supplemental funding opportunities. These community-based health care providers are already serving populations that may not otherwise be able to access care, and hope to expand the reach of their services to more people.

HRSA maintains the NAP process to provide health care delivery sites (including FQHC Look-Alikes) with an opportunity to receive funding under Section 330 of the PHSA and become full-fledged FQHCs. These NAP opportunities occur sporadically, with the last one having occurred in 2019. When reviewing applicants through the NAP process, HRSA evaluates the unmet need for primary and preventive health services in their service area by calculating a UNS based on key measures of health determinants and health status in the service area. The rationale for this policy is to ensure that Section 330 funding goes to health care providers serving truly needy areas.

We are concerned that the NAP's current use of the UNS unfairly disadvantages FQHC Look-Alikes applying for Section 330 funding. This is not our intent in Congress, and we do not believe this was HRSA's intent. Since FQHC Look-Alikes are currently improving access to care in the community without federal award funding, their communities may score higher on the health determinant and health status measures compared to communities without FQHC Look-Alikes. This results in FQHC Look-Alikes having lower UNSs and lower overall application

scores compared to other health care providers. Without the FQHC Look-Alikes, the unmet need in the communities that they serve would potentially be far worse.

While HRSA has provided 10 points for FQHC Look-Alikes as part of previous NAP application processes, this allowance is not sufficient to overcome the 20-point UNS disparity that Look-Alikes face compared to other health care providers. This disparity has demonstrable impacts on the ability of FQHC Look-Alikes to secure Section 330 funding. In the last NAP process, less than 20 percent of FQHC Look-Alikes became FQHCs.

HRSA should be leveraging the network of existing FQHC Look-Alikes. By prioritizing Look-Alikes that already comply with Health Center Program requirements over brand new sites, HRSA will ensure that federal dollars are being allocated to health centers with a proven track record of success that hope to expand the universe of patients they can serve and expand the care they are able to offer.

We therefore request that HRSA reconsider its current UNS methodology to account for the unmet needs that FQHC Look-Alikes have been able to meet in their service area since they began operating. HRSA's failure to account for the improvements in health that FQHC Look-Alikes have been able to make in their communities will prevent many FQHC Look-Alikes from expanding their health care services. Through adjusting the UNS methodology, HRSA will ensure a more effective disbursement of Health Center Program funds.

We thank HRSA for its efforts to expand access to health care to underserved populations and stand ready to assist you in carrying out your policy mission.

If you have any questions about this request, please do not hesitate to contact my office.

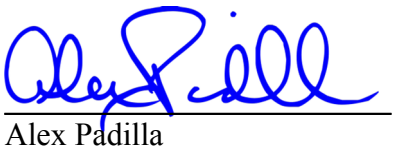
Sincerely,

Joseph D. Morelle
Member of Congress

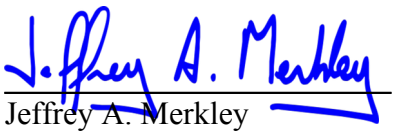
Ron Wyden
United States Senator

Kirsten Gillibrand
United States Senator

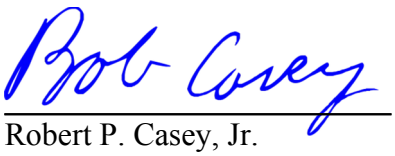
Angus S. King, Jr.
United States Senator



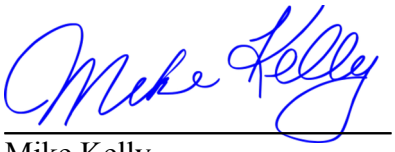
Alex Padilla
United States Senator



Jeffrey A. Merkley
United States Senator



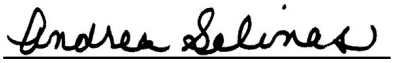
Robert P. Casey, Jr.
United States Senator



Mike Kelly
Member of Congress

Josh Harder
Member of Congress

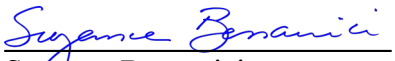
Katie Porter
Member of Congress



Andrea Salinas
Member of Congress

Ken Calvert
Member of Congress

Young Kim
Member of Congress



Suzanne Bonamici
Member of Congress

CC: Catherine Oakar, MPH, Special Assistant to the President for Health and Disparities

Jim Macrae, M.A., M.P.P., Associate Administrator, Bureau of Primary Care